

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Steven L. Stanley	COURT CASE NUMBER 3:21-cv-193-mo
DEFENDANT	TYPE OF PROCESS Sec. 1983 Civil Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Kyle Paine - Community Development Partners (owner)
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
126 NE Alberta St., Suite 202, Portland, Or. 97211 (971) 533-7466

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Steven L. Stanley - Plaintiff
MP5 Studios
850 NE 81st Ave., Suite 216
Portland, Or. 97213
(503) 957-4226

Number of process to be served with this Form 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Kyle Paine - Owner Community Development Partners, 126 NE Alberta St., Suite 202, Portland, Or. 97211 (971) 533-7466 [9am - 5pm, Mon. - Fri.]. Represented by: Christopher J. Drotzman, Davis Rothwell Earle & Xochihua P.C., 200 SW Market St. Suite 1800, Portland, Or. 97201 - 5745 (503) 222-4422 [9am - 5pm, Mon. - Fri.]

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

503-957-4226

DATE

5/7/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. P65	District to Serve No. P65	Signature of Authorized USMS Deputy or Clerk 	Date 5/17/21
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee \$65	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$65	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0
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REMARKS: **KYLE PAINE PERMANENTLY RESIDES IN CALIFORNIA. HIS CONTACT INFORMATION IS KYLE@COMMUNITYDEVPARTNERS.COM AND 3416 VIA OPORTO NEWPORT BEACH, CA 92663**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED